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Attorney Docket No. 990228

AUG 03 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of

Anthony Mauro

Serial No. 09/489,194

Filed: January 20, 2000

)
) For: **METHOD AND APPARATUS FOR**
) **ACHIEVING CRYPTO-**
) **SYNCHRONIZATION IN A**
) **PACKET DATA**
) **COMMUNICATION SYSTEM**
)
) Group No. 2135

RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated May 4, 2005, and accordingly submits the requisite fee herewith.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office on August 3, 2005.

Depositor's Name: Carrie Casey

(Type or print name)

Signature: 

08/05/2005 CNGUYEN 00000015 170026 09489194

01 FC:1201 1200.00 DA

1

PAGE 3/15 * RCVD AT 8/3/2005 7:23:39 PM [Eastern Daylight Time] * SVR:USPTO-EFAXF-6/1 * DNIS:8729306 * CSID:858 845 2550 * DURATION (mm:ss):03:58

08/10/2005 KWATSON 00000005 170026 09489194

01 FC:1201 400.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

9/489194

CLAIMS AS FILED - PART I

| FOR | (Column 1) NUMBER FILED | (Column 2) NUMBER EXTRA |
|----------------------------------|----------------------------|----------------------------|
| BASIC FEE | | |
| TOTAL CLAIMS | 40 minus 20 = | 20 |
| INDEPENDENT CLAIMS | 6 minus 3 = | 3 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
|--|---|---|--------------------------------|
| AMENDMENT A | | | |
| Total | 40 | 40 | = |
| Independent | 6 | 6 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | |

SMALL ENTITY
TYPE ☐

OR
OTHER THAN
SMALL ENTITY

| RATE | FEE | OR | RATE | FEE |
|--------|--------|----|--------|---------|
| | 345.00 | | | 690.00 |
| X\$ 9= | | | X\$18= | 360.00 |
| X39= | | | X78= | 234.00 |
| +130= | | | +260= | |
| TOTAL | | | TOTAL | 1284.00 |

SMALL ENTITY

OR
OTHER THAN
SMALL ENTITY

| RATE | ADDI- TIONAL FEE | OR | RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 9= | | | X\$18= | |
| X39= | | | X78= | |
| +130= | | | +260= | |
| TOTAL ADDIT. FEE | | | TOTAL ADDIT. FEE | |

0-01-05

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
|--|---|---|--------------------------------|
| AMENDMENT B | | | |
| Total | 40 | 40 | = |
| Independent | 6 | 6 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | |

| RATE | ADDI- TIONAL FEE | OR | RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 9= | | | X\$18= | |
| X39= | | | X78= | |
| +130= | | | +260= | |
| TOTAL ADDIT. FEE | | | TOTAL ADDIT. FEE | |

8-0305

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
|--|---|---|--------------------------------|
| AMENDMENT C | | | |
| Total | 14 | 40 | = |
| Independent | 14 | 6 | = 8 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | |

| RATE | ADDI- TIONAL FEE | OR | RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 9= | | | X\$18= | 50 |
| X39= | | | X78= | 11600 |
| +130= | | | +260= | |
| TOTAL ADDIT. FEE | | | TOTAL ADDIT. FEE | 11600 |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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